Division of Drinking and Ground Waters

EPA 5107

COPPER TAP MONITORING REPORT

Submit with Form EPA 5105

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PWS Name:	PWSID:	Sampling begin date:	Sampling end date:

(1) List this monitoring period's samples in order from the lowest to the highest copper concentration.
(2) Sequentially number the first column of each line used, starting with the number 1.
(3) Calculate the 90th percentile line number(s) according to the instructions and circle the number(s) and concentration(s) of the appropriate sample(s).

Line Number	**Date of Sample**	**Time Sample Taken**	**Laboratory Sample Number**	**Address of Sample Site** Example: 234 S Main St Town OH 40000	**Tap Type* and Location** Example: B 2nd floor	**Structure Type** SFR, MFR or BLDG	**Interior Plumbing Material** Pb, CuPb>80, CuPb<83, or other	**Service Line Material** Pb, Cu, or other	**Tier** 1, 2, 3, or other	**Copper [Cu] Concentration** (ug/L)

***Tap type codes: B – bathroom cold water tap; D – drinking fountain; K – kitchen sink cold water tap; R – restroom sink cold water tap; O – other (with prior Ohio EPA acceptance)**